	228894
	3/30/11
STATE OF SOUTH CAROLINA	3:29pm BEFORE THE
(Caption of Case)) PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET
5 + R Transportation, U	DOCKET 2011 - 140 - T NUMBER: 2011 - 140 - T If this is your first time filing an application with the PSC, you will not
	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: Rajnish Malik	Telephone: 843-455-2999
Address: 1510 CANNON Rd	Fax:
Myrtle Beach, 56.	Other:
29577	
as required by law. This form is required for use by the Public Se be filled out completely.	replaces nor supplements the filing and service of pleadings or other papers ervice Commission of South Carolina for the purpose of docketing and must TION (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	
Application - Class C Non-Emergency	2 9 2011 Request plus expedite
Application - Class C Stretcher Van	C SG
Application - Class E Household Goods CLERKS	S OFFICE Late-Filed Exhibit
Application - Class B Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certif	ficate Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	
•	
If you have any questions about this form, please conta	tet the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	RECEIVET Date:	3-8-2011
CLASS C - TAXI	MAR 2 9 2011.	
Application is hereby made for a Cof S.C. Code Ann., § 58-23-10, et a	CLERK'S OFFICE Certificate of Public Convenience and Necesseq. (1976), and amendments thereto.	essity, in accordance with the provision
1. Name under which business is to b	e conducted (corporation, partnership, or sole	e proprietorship, with or without trade name.)
1510	CANNON Rd My Street Address of Applicant	HeBuchist Z9577
	illing Address of Applicant if different from s	street address
Sy'3- 455 - Phone	2999	Fax
	Email Address	
If incorporated, a copy of Artic Secretary of State "Foreign Cor	les of Incorporation must be attached. (If poration" Certificate.)	incorporated outside of SC, attach SC
3. Select Entity Type: (Check oneIndividual Owner/Sole ProPartnership - List names a		at in the business.
·	nd addresses of two principal officers.	
RAJNISH MAIN SuzANNE MI	k	
SUZANNE MI	rlik	- And the second

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Appl	ication is	Filed:
Month	MARCH	_ Year	2011

Month MARCH Yea

Assets:

Cash

Receivables

Paul Retate

PROPOSED RATES AND CHARGES FOR SERVICE

	C.11
Maximum Proposed Rates and Charges for Service	are as tonows.
•	
8 2,00 per mile	
11 2100 100 11	
	,
	•
Counties to be Served:	
Countres to be 54	
	·
.	
Stute wide	
J i wie w	
	•
	•
Maximum Number of Passengers per Vehicle:	
	·····
İ	•

DESCRIPTION OF EQUIPMENT

		A NAS A R	WEIGHT	SEATING CAPACITY
MAKE	YEAR & MODEL	VIN#	EMPTY	CAPACITI
	111	to be Determ	,	
	L15+	to be peterm	V/N 2	
		·		
			· · · · · · · · · · · · · · · · · · ·	,
	<u> </u>			

				· · · · · · · · · · · · · · · · · · ·
				•
			· · · · · · · · · · · · · · · · · · ·	,,,,, ,, ,
		-		
-				

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

survice boucies may be reduing an arrangement of
The following insurance quote is for:
< LR Transportation, LLC
Name of Motor Carrier
St R Transportation, LLC Name of Motor Carrier 1510 Cannon Rd My He Beach, 50. 29577 Address of Motor Carrier
Address of Motor Carrier
Amount of Premium: Limits Quoted: (See Below)
Liability Insurance \$ 30,000 Limits 100 300 100
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only:
1-7 Passengers \$ 25,000/50,000/25,000
8-15 Passengers \$ 25,000/100,000/25,000
Starwet Insurance Company Name of Insurance Company
3454 5 Etrby St Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
3-8-11 Supplied Insurance Company Representative's Signature Authorized Insurance Company Representative's Signature
Date Authorized Insurance Company Representative's Signature

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

	LR TOAM	Sportation JLLC	
	Name	of/Applicant	
Are there currently Yes	any outstanding judgments again No	st the Applicant?	
	ure of judgement(s) against appl	icant.	
-			
			•
	11 11 tetutes and magnifetion	as, including safety regulations and govern	ning for-hire moto
2. Is Applicant familications in carrier operations in statutes and regular	n South South Carolina, and does	s Applicant agree to operate in compliance	e with these
Yes	○ No		
			enata apponinted
Is Applicant award therewith?	of the Commission's insurance r	equirements and the insurance premium of	COSIS RESOCIATED
Yes	O No		
•			

Exhibit on Driver Qualifications

1.	Applicant ur	nderstands that all dr	ivers must be a minimum of 18 years of age.
	Yes	0	No
			·
2.	and such rec	nderstands that a cert cord from the DMV o ed in the Applicant's	tified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must business office.
	Yes	0	No
	ø _s .		
3.	Applicant u	nderstands that a cri intained in the Appli	minal history background check from the state where the driver currently lives cant's business office.
	Yes	. 0	No
4.	their posses	understands that all d ssion when operating dence of the driver.	rivers operating a vehicle under a Class C Taxi Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current
	Yes	0	No
5:	vehicles to	drivers who are regi	Class C Taxi Certificate holders are prohibited from employing or leasing stered, or required to be registered, as sex offenders with the South Carolina n or any national registry of sex offenders. No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

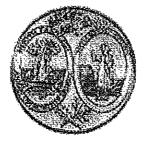
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

therewith.	
STATE OF SOUTH CAROLINA COUNTY OF HORRY)	Applicant's Signature
I, Raish Malek Name of Applicant's Representative of Stransporta	
the Applicant for the Certificate of Public Convenie	ence and Necessity as set forth in the foregoing, swear or
affirm that all statements contained in the above app	plication are true and correct.
	Signature of Applicant's Representative
SWORN TO BEFORE ME This day of ///// 20 //	

NO DNA INTERPRETATION OF THE PAYOR OF THE PA

Commission Expires

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

S & R TRANSPORTATIONLLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 23rd, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of July, 2010

Mark Hammond

Mark Hammond, Secretary of State